



Southeastern High School

195 E. Jamestown St., South Charleston, OH 45368

Office hours: M-F, 8AM-3PM 937-462-8308

<http://www.sels.us>

Transcript Request Form Former Student

Student Name (at time of graduation): _____

Current Name (if different): _____

Date of birth: _____ Graduation year: _____

Address: _____

Phone #: _____ Email: _____

I give Southeastern High School permission to process _____ copies of my official transcript as indicated below.

Signature: _____ Date: _____

I will pick up at the Southeastern Jr/Sr High School office when completed.

Please contact me at _____ to schedule pickup.

Please mail to me at the address listed above.

Please send to the school/business listed below.

School/business: _____

Address: _____

Department: _____

To the Attention of: _____ Phone: _____

For office use only

Received: _____ Prepared: _____ Mailed/Picked Up: _____

Notes: _____